

<p style="text-align: center;">KENTUCKY CORRECTIONS Policies and Procedures</p>	<p>Policy Number</p> <p style="text-align: center;">18.11</p> <p>Date Filed</p> <p style="text-align: center;">February 15, 2006</p>	<p>Total Pages</p> <p style="text-align: center;">10</p> <p>Effective Date</p> <p style="text-align: center;">June 2, 2006</p>
<p>References/Authority</p> <p>KRS 196.030, 196.035, Chapter 202A, 202A.201, Vitek v. Jones, 445 U.S. 480 (1980), Zinnermon v. Burch, 494 U.S. 113 (1990), Washington v. Harper, 494 U.S. 210 (1990), ACA 4-4368, 4-4397, 4-4399, 4-4404</p>	<p>Subject</p> <p style="text-align: center;">PLACEMENT FOR MENTAL HEALTH TREATMENT IN CPTU OR KCPC</p>	

I. DEFINITIONS

"The Corrections Psychiatric Treatment Unit (CPTU) Programs" means:

1. A mental health treatment program provided by the Division of Mental Health of Corrections for an inmate who, because of brain damage, mental retardation, long term illness or a mental disorder, has a limited capacity with a prognosis for limited improvement and needs medical and mental health care;
2. A unit which provides specialized housing as well as treatment programs; and
3. A specialized dormitory managed by the Department of Corrections and located at KSR which is uniquely designed to meet the needs of seriously mentally ill inmates.

"Emergency Referrals" means the placement of any inmate into CPTU or KCPC prior to a Vitek Hearing if it is believed that an inmate poses an immediate threat to himself or others so removal from his present environment is necessary.

"Expressed and Informed Consent" means consent given voluntarily in writing after sufficient explanation and disclosure to enable the person to make a knowing and willful decision without any element of force, fraud, deceit or other form of constraint or coercion.

"Involuntary Commitment" means:

1. Placement of any inmate in need of mental health treatment into CPTU or KCPC who is competent to give expressed and informed consent but refuses; or

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2. Placement of any inmate who is incompetent to give expressed and informed consent into CPTU or KCPC.

"Kentucky Correctional Psychiatric Center (KCPC)" means a forensic hospital managed by the Cabinet for Health Services.

II. POLICY and PROCEDURES

A. Non-Emergency Referrals

A referral to CPTU or KCPC shall be appropriate in any case if it is reported by the staff of an institution that due to the inmate's mental condition he cannot be properly treated by the institutional staff with the resources at their disposal.

1. A referral which necessitates transfer from one (1) institution to another shall be made by the sending institution as outlined below. If available, contacts from the referring institution shall be made by mental health or medical staff.
 - a. The referral of a male inmate living at an institution other than KSR shall be made first to the CPTU at KSR. The referral shall be sent to the Licensed Psychologist Program Administrator or a designee of the Director of the Division of Mental Health. This person shall arrange admission, if appropriate, and notify appropriate CPTU personnel. Referrals to KCPC shall be made by the Program Administrator of the CPTU, or designee(s) of the Director of the Division of Mental Health.
 - b. A female inmate in need of Residential Psychiatric Treatment, beyond that available at KCIW, shall be transferred to KCPC. The referral shall be sent to the CPTU Program Administrator or designee. If discharge from KCPC is deemed appropriate, the female inmate shall be returned to KCIW.
 - c. Staff assigned to the Assessment Center may refer inmates by contacting the CPTU Program Administrator.

2. Transfer procedures in CPP 18.7 shall be followed.

B. Admission

Once an inmate has been found suitable for treatment in either program, the institution shall initiate necessary steps to facilitate the admission of the inmate into the program.

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1. Admission to the CPTU Treatment Program.

- a. Voluntary Admission – If an inmate is in need of treatment and a voluntary admission is appropriate, the inmate shall be determined to be mentally competent.
 1. A Division of Mental Health Request for Voluntary Admission Form shall be signed by the inmate and witnessed by two (2) staff members.
 2. The Voluntary Admission Form shall also be signed by a psychologist or psychiatrist to confirm that the inmate is mentally competent to sign an expressed informed consent for voluntary admission to the CPTU Program.
- b. Involuntary Admission - A Vitek Hearing shall be scheduled through the Division of Mental Health Program Administrator for any involuntary admission into the CPTU Program.

2. KCPC

- a. Voluntary Admission – If an inmate is in need of treatment and a voluntary admission is appropriate, the inmate shall be transferred in accordance with CPP 18.7 Transfers.
 1. A Request for Voluntary Admission Form shall be signed by the inmate and witnessed by two (2) staff members.
 2. A Corrections Voluntary Admission Form shall also be signed by a psychologist or psychiatrist to confirm that the inmate is mentally competent to sign an expressed informed consent for voluntary admission to KCPC.
 3. All transfers shall be coordinated through the Admissions Office of KCPC by assigned institutional staff.
 4. While at KCPC, the inmate record and required Classification and Treatment Officer services shall be the responsibility of the staff of the Luther Lockett Correctional Complex. Since the inmate is not in the custody of Corrections, the inmate shall not be classified until he is returned to Corrections.
- b. Involuntary Admission

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1. A Vitek Hearing shall be scheduled for any involuntary admission into KCPC.
2. The Vitek Hearing for an inmate housed at KCPC shall be scheduled and approved by a mental health professional.

C Preparation for the Hearing.

1. An institutional representative shall be designated by the Warden of the institution housing the inmate. The Representative shall be responsible for ensuring that proper procedures are followed in order to conduct the hearing. The representative shall ensure that:
 - a. The Classification Branch Manager and the Department of Public Advocacy are contacted to schedule the hearing;
 - b. Two (2) correctional staff, not familiar with the case, shall be scheduled to serve as committee members;
 - c. The inmate shall be given written notice of the consideration for transfer by any institutional staff person familiar with the notification process;
 - d. The inmate shall be advised a hearing will be conducted and that the evidence being relied on for the placement consideration will be provided to his representative prior to the hearing;
 - e. The notice of the hearing shall be given at least twenty-four (24) hours prior to the hearing;
 - f. The inmate shall have an opportunity to be heard in person and to present documentary evidence unless his presence at the hearing may constitute a security risk;

The reasons for denial shall be made on the record and documented in writing on the consideration for Mental Health Placement form;
 - g. The inmate shall be given the opportunity to present witnesses on his own behalf and to confront and cross examine any witness called by Corrections;
 - h. The inmate shall be entitled to an independent decision maker;

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- i. The inmate shall be entitled to a written statement of the facts found by the committee regarding the evidence relied upon and the decision on the transfer recommendation;
 - j. The inmate shall be entitled to legal representation by the Department of Public Advocacy if the inmate is unable to afford private counsel.
 - (i) The representative of the Department of Public Advocacy need not be an attorney.
 - (ii) The representative shall be advised of the time and date of the hearing.
 - (iii) An inmate shall not be permitted to represent another inmate in this proceeding.
 - k. The inmate shall be seen by a physician or psychiatrist within two (2) weeks prior to the hearing.
2. All of these procedures shall be set out on the Consideration for Mental Health Placement Form and shall be utilized to ensure that the inmate is provided all rights as required by law.
3. The institution's representative shall notify the Department of Public Advocacy of the pending action, the date and time of the hearing and provide a brief synopsis of the information on which the decision for the recommended transfer is based.
 - a. If the inmate chooses to have counsel of his choice rather than a legal representative from the Department of Public Advocacy, the institution shall notify the attorney, and make arrangements for the inmate to contact the attorney of his choice.
 - b. The institution shall notify that attorney of the pending action, the date and time of the hearing and shall provide a brief synopsis of the information on which the decision for the recommended transfer is based.
 - c. If private counsel cannot appear at the scheduled time of the hearing, the hearing shall not be rescheduled.
 - d. If private counsel is not available, a representative from the Department of Public Advocacy shall be appointed. After contacting Public Advocacy and if the inmate refuses the

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representative, a staff member who has no involvement in the case, shall represent the inmate.

4. The hearing committee membership shall consist of three (3) members designated by the Commissioner of Corrections or his designee.
 - a. Each committee member shall have received appropriate training. A committee member shall be program staff or custody staff grade ten (10) or above. Any exception shall be authorized by the Classification Branch Manager.
 - b. If possible, a Central Office staff member with appropriate training shall serve as chairperson.
 - c. In any other situation the Classification Branch Manager shall designate a chairperson of grade thirteen (13) or above.
 - d. Majority decision shall rule.
 - e. A panel member shall be disqualified in every case in which he witnessed the behavior of the person charged with specific conduct under review or has any personal involvement in the incident.
5. An institutional representative appointed by the Warden or Division of Mental Health shall represent the interests of the institution recommending the transfer.
6. If in the professional judgment of the mental health staff, an inmate may not attend the meeting because of the potential of injury to self or others or because he constitutes a threat to the security of the institution, the following applies:
 - a. The institutional representative shall make that recommendation to the hearing committee on the record and the Chairman shall make the appropriate ruling on the record; and
 - b. The case shall be documented in writing on the Consideration for Mental Health Placement Form.
7. The hearing shall be tape recorded and the recording maintained for one (1) year.
8. The deliberation phase shall not be recorded.

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9. Based upon the evidence presented at the hearing, the committee shall render an opinion, in writing, stating the reasons for the recommendation.
 - a. All decisions involving involuntary admission shall be based on substantial evidence that the inmate is mentally ill and cannot be properly treated with the facilities at the disposal of the staff at the institution.
 - b. If it is the decision that the inmate shall be transferred to KCPC, the institutional representative shall contact the staff at KCPC to schedule admission.

D Involuntary Commitments

1. All involuntary commitments shall be reviewed at least every 180 days to determine if there is a continued need for hospitalization by the appropriate Kentucky Correctional Psychiatric Center staff or Division of Mental Health Corrections Psychiatric Treatment Unit.
2. An involuntary commitment may remain in that status for a maximum of 365 days. Once the 365 days has expired, another involuntary proceeding shall be implemented for involuntary commitment beyond the 365th day.

E Emergency Transfers to Kentucky Correctional Psychiatric Center

An emergency transfer shall be considered appropriate in a case that an inmate presents imminent danger to self or others because of a psychiatric disturbance and cannot be maintained in a correctional facility including the Division of Mental Health CPTU Treatment Program until regular voluntary or involuntary hospitalization proceedings may be initiated.

1. If possible, a psychologist, physician or psychiatrist shall see the inmate to verify that the problem is psychiatric in nature. If none are available, a medical staff person or a mental health professional shall see the inmate to verify the problem is psychiatric in nature.
2. If contact is not possible, the institutional shift supervisor or duty officer shall submit a report detailing the incident and describing the abnormal behavior.
3. A KCPC Referral Form shall be completed on the inmate.
4. An Application and Request for Voluntary Admission shall be completed if the inmate agrees to be hospitalized voluntarily.

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5. If the incident occurs during normal working hours, the Classification Branch Manager or his designee shall be contacted for approval of the transfer. During other periods, this shall be the responsibility of the Central Office Duty Officer. In either case, prior to approval of transfer, a psychologist or psychiatrist as designated by the Division of Mental Health shall be consulted, if possible. Institutional staff shall be responsible for making appropriate arrangements for the transfer.
6. An emergency transfer to KCPC may occur in two (2) ways: the inmate agrees to voluntary hospitalization or the inmate refuses voluntary hospitalization.
 - a. If an inmate agrees to voluntarily admit himself to KCPC as an emergency transfer, the KCPC physician may choose to examine the inmate prior to admission to determine if emergency transfer is warranted.

This is particularly applicable in a situation that a physician or other qualified mental health professional has not screened the inmate.

- b. If an inmate refuses voluntary admission as an emergency transfer, a KCPC staff physician shall see the inmate and make an assessment as to whether he meets the requirements for a seventy-two (72) hour emergency hospitalization order pursuant to KRS Chapter 202A.
 - c. If the physician determines that the patient does not meet the criteria for a seventy-two (72) hour emergency, the correctional facility staff shall return the inmate to the correctional facility.
 - d. If the inmate is admitted on a seventy-two (72) hour emergency, the correctional facility shall initiate a regular involuntary transfer proceeding within three (3) working days.

F Discharge from KCPC

An inmate shall be discharged from KCPC by the following procedures:

1. KCPC staff shall complete a Discharge Referral Form.
2. All male inmates discharged from KCPC shall be transferred to CPTU. Prior to the discharge, the CPTU Medical Director shall be consulted. Female inmates shall be returned to KCIW.

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3. Arrangements shall be made for the inmate's transfer within seven (7) working days, whenever possible. Transfer procedures in CPP. 18.7 shall be followed.
 - a. Both Luther Luckett Correctional Complex and the receiving institution shall be notified so that the inmate may be properly processed.
 - b. Inmate records, medical records and the Discharge Information Form shall be forwarded to the receiving institution. KCPC shall forward the discharge summary and discharge referral form.
4. An inmate admitted on an emergency basis shall be returned to a correctional institution within two (2) working days of notification that hospitalization is not necessary.

G Discharges

Any inmate who is discharged from either KCPC or the Division of Mental Health CPTU Programs shall have a discharge summary completed and given to the receiving institution PRIOR to the inmate being transferred to the institution.

1. Discharge from KCPC
 - a. Any inmate admitted voluntarily to KCPC may request his discharge in writing at any time.
 - b. The inmate shall be returned to a correctional facility within twenty-four (24) hours of notification by KCPC (excluding weekends and holidays) unless other procedures under KRS Chapter 202A are initiated (seventy-two (72) hour emergency or involuntary admission procedure).
 - c. If, in the opinion of KCPC staff, the discharge is against medical advice and continued treatment is necessary, then appropriate procedures shall be implemented, including as provided in KRS Chapter 202A – seventy-two (72) hour emergency or involuntary admission procedure.
 - d. Any inmate admitted on an emergency basis shall be returned to a correctional institution within two (2) working days of notification that hospitalization is not necessary.
2. Discharge from the Division of Mental Health CPTU Program

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- a. An inmate discharged from the Division of Mental Health CPTU Programs shall receive an appropriate institutional placement.
- b. The discharged inmate may be held in appropriate housing at the Kentucky State Reformatory pending placement at another institution.
- c. If the inmate has been voluntarily admitted to the program and is requesting discharge from the program and it is the opinion of the Division of Mental Health CPTU Program Staff that treatment is still warranted, the inmate shall be placed in Administrative Segregation for evaluation and implementation of the involuntary admission procedure.

Name _____ Number _____ Institution _____

Housing Unit _____ Date & Time of Incident _____

The following incident was observed by me or otherwise verified (include statement of verification if applicable):

Place: _____ Staff Involved: _____

Inmates Involved: _____

Description of Behavior: _____

Reporting Employee's Signature and Title: _____

Date and Time of Report: _____

NOTIFICATION OF CONSIDERATION FOR INVOLUNTARY TRANSFER HEARING

Report of Notification Officer: _____

Notification Officer: _____ Title: _____ Date: _____ Time: _____

☐ I have received a copy of this application.

☐ I have been advised of my right to call witnesses, provide documentary evidence, be heard in person at the hearing, and cross-examine witnesses called by the Commonwealth unless for good cause shown this right is suspended.

☐ I have been advised it is my responsibility to make arrangements for legal representation of my choice at my own expense.

☐ I have been advised the Cabinet will assist me in contacting the legal representative of my choice.

☐ I have been advised that legal representation of my choice does not include representation by any inmate.

☐ I have been advised that if I choose to be represented by any counsel of choice, counsel must be available on 24-hour notice and I will be given the opportunity to call private counsel and make arrangements.

☐ I have been advised that if I cannot afford representation of my choice, representation will be provided to me through the Office of Public Advocacy.

☐ I have been advised that I will be advised at the hearing as to the evidence being relied upon for transfer.

☐ I have been advised that my right to be present at the hearing may be denied if in the professional judgment of the mental health staff, my appearance at the hearing would present the potential for injury to myself or others.

☐ I have been advised I am entitled an independent decision maker to conduct the hearing.

Date & Time of Hearing: _____

Witnesses Requested: _____

Legal Representative of Choice: ☐ Yes ☐ No; Name _____

Legal Representative Appointed Through OPA: ☐ Yes ☐ No

Inmate's Signature: _____ Date: _____

Inmate Refused to Sign: ☐ Yes ☐ No Witness: _____

INVOLUNTARY TRANSFER HEARING FINDINGS AND RECOMMENDATIONS

Date & Time of Hearing: _____ Continued to: _____

Reason for Continuance: _____

Hearing Date & Time: _____ Tape _____ Side _____ Begin _____ End _____

Findings and Transfer Recommended ☐ Transfer Not Recommended ☐

Reasons for Findings and Recommendations: _____

Chair Person _____ Committee Member _____ Committee Member _____

I have received a copy of this report showing the Committee's Findings & Recommendations ☐ Yes ☐ No

Inmate's Signature: _____ Date: _____

Legal Representative Signature: _____ Date: _____

Inmate Presence Denied ☐ Yes ☐ No

Reasons for Denial _____

Inmate Witnesses Denied ☐ Yes ☐ No

Reasons for Denial _____

THIS FORM IS TO BE PREPARED IN QUINTUPLICATE

Completed forms to Records Clerks

Copy to Institutional Central File

Copy to Resident

Copy to Central Office Central File

Copy to Legal Representative

KENTUCKY CORRECTIONAL PSYCHIATRIC CENTER
P.O. Box 67, 1612 Dawkins Road
LaGrange, Kentucky 40031
(502)222-7161

Attachment II
CPP 18.11

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH SERVICES
DEPARTMENT FOR MENTAL HEALTH AND
MENTAL RETARDATION SERVICES

ADMISSIONS OFFICE
EXTENSION 4722
EQUAL OPPORTUNITY EMPLOYER M/F/D

**APPLICATION AND REQUEST
FOR VOLUNTARY ADMISSION**

(For Adult Persons)
(Pursuant to KRS 202A and 202B)

I, _____, residing at _____,
located in Oldham County, Kentucky, make application for admission on a voluntary basis to Kentucky
Correctional Psychiatric Center, LaGrange, Kentucky for such care and treatment individualized for my needs as
may be determined by authorized medical or professional staff to be necessary.

I understand that I should participate in my individualized treatment plan which may include, but is not limited to:
Diagnosis, Evaluation, Group and Individual Therapy, Rehabilitative and Activity Therapy, Medication Therapy, and General
Medical, Psychiatric and Dental Care.

I agree to remain in the herein-named Hospital voluntarily until I am released on a trial leave status, or discharged by
the medical staff, or until I make a written request for release to the medical staff. I understand that a request for my release,
made by a person or persons other than myself must be acceptable and agreed to by me.

CONSENT FOR TREATMENT: I give authority to the facility and its staff to perform those services deemed
necessary for me which are generally used in the care of patients in this and similar facilities. I understand that I or my agent
will be called upon to give additional authorization if such special measures or surgical procedures or other special therapeutic or
preventive services are necessary or other special patient activities initiated that are not a part of the overall facility program(s).

Date

Signature of Inmate

I hereby witness the above signature and I certify that the above named patient has given informed consent
to voluntary admission to the hospital and that he is capable of giving such consent in that he understands that he
has a psychiatric disorder or emotional problem that requires treatment, understands that he is entering a psychiatric
hospital, understands that he shall be offered treatment which he may agree to or refuse, and has the right to request
his discharge from the hospital.

Date

Signature of Physician

I, _____, have been given a copy of the Kentucky
Correctional Psychiatric Center's Patient Handbook which contains the rules and regulations of this facility.

Date

Signature of Witness

Date
KCPC-007-ADM 11/92

Signature of Witness

REQUEST FOR VOLUNTARY PLACEMENT IN THE CORRECTIONAL PSYCHIATRIC TREATMENT UNIT PROGRAM

I, _____, # _____, living at the Kentucky State Reformatory in Oldham County, Kentucky, voluntarily request placement in the Division of Mental Health's Correctional Psychiatric Treatment Unit Program for care and treatment individualized for my needs.

I agree to participate in my individualized treatment plan. Activities may include, but are not limited to, testing and evaluation, group and individual therapy, structured program activities, medication therapy and participation in the behavior program. I agree to follow my psychiatrist's instructions, to cooperate with the Treatment Team, and to follow program rules. I agree to cooperate with the officers and to be respectful to staff and other inmates.

I agree to remain in the Division of Mental Health's Treatment Unit Program voluntarily until I am discharged by the program staff, or until I make a written request for discharge to the program staff. Upon receipt of my written request for discharge, the Treatment Team shall arrange an appropriate placement for me within thirty days.

CONSENT FOR TREATMENT: I give authority to the Division of Mental Health and its staff to perform those services deemed necessary for me which are generally provided to program participants and which are described in the Kentucky State Reformatory Policies and Procedures.

Inmate Signature

Date

Witness Signature

Date

Witness Signature

Date

I hereby witness the above signature, and I certify that the above named patient has given informed consent to voluntary admission to the Division of Mental Health and that he is capable of giving consent in that he understands that he is entering a Mental Health Unit, understands that he shall be offered treatment which he may agree to or refuse, and has the right to request discharge from the Division of Mental Health.

Psychologist Signature

Date

**Distribution: CPTU Program File (Original)
Institutional File**

**Inmate
Central Office File**

**COMMONWELTH OF KENTUCKY
CABINET FOR HEALTH SERVICES**

Attachment IV
CPP 18.11

KENTUCKY CORRECTIONAL PSYCHIATRIC CENTER REFERRAL

Please complete prior to inmate's referral to KCPC. Continue any answer on back if necessary.

1. Inmate Name: _____ Institutional Number: _____.
2. Institution: _____ Unit: _____.
3. Social Security Number: _____ Date of Birth: _____.
4. Date Admitted to System: _____ Sentence: _____.
5. Charges: _____.
6. Parole Eligibility Date: _____.
7. Maximum Expiration Date: _____ Minimum Expiration Date: _____.
8. Please explain reason for KCPC referral. Include behaviors, statements, etc. of the inmate. Be as specific as possible. _____

9. Is this inmate a KCPC outpatient? Has any Department of Corrections Psychiatrist or Psychologist seen this inmate? If yes, give date seen and name of service provider. Attach any available reports or summarize findings. _____

10. Has this inmate displayed any violent, aggressive or acting out behavior? If yes, describe all such behavior: _____

11. Has any type of medication been prescribed for this inmate? If yes, please indicate name, dosage and regularity with which the inmate has been taking the medication: _____

12. Does this inmate have any physical problems, illnesses, or disabilities of which KCPC staff should be aware or for which special arrangements should be made? _____

Signature and Title: _____
Date of Referral: _____

KCPC-001-ADM

PREADMISSION HISTORY

IMPORTANT: This form must be filled out prior to admission and brought to the hospital with the patient. The information requested is necessary so that the staff of our hospital may provide the proper treatment and assistance to the patient. PLEASE ANSWER EVERY ITEM COMPLETELY.

Patient's Name				Social Security No. (This number is needed for every patient, Please obtain prior to admission.)			
Present Address				County		Telephone Number	
Permanent Address				County		Length of Kentucky Residence	
Sex	Race	Age	Birthdate	Birthplace (City, County and State)		Veteran <input type="checkbox"/> Yes C-# _____ <input type="checkbox"/> No S-# _____	
Religion	Education	Marital Status	Occupation and Place Employed	Date Last Employed	Yearly Family Income	No. Children	
Name of Nearest Relative (or Agent)						Relationship to Patient	
Address						Telephone Number	
Person to Notify in case of Emergency						Relationship to Patient	
Address (or how to reach)						Telephone Number	
Father's Full Name				Living? <input type="checkbox"/> Yes <input type="checkbox"/> No		Birthplace	
Mother's Full Name At Her Birth (Maiden Name)				Living? <input type="checkbox"/> YES <input type="checkbox"/> No		Birthplace	
Source of Referral (Name and Address)				Medicare Claim Number		Medical Assistance ID Number	
Person or Party Responsible For Account		Address			Occupation and Place Employed		
Hospital Insurance	Type Contract	Policy-Certificate No.	Group No.	Effective Date	Subscr. Name		
List Previous Admissions to Hospitals for Psychiatric Care				Date Admitted		Date Discharged	
List Outpatient Clinics Attended				Dates Attended (From – To)			
Name and Address of Family Doctor							
Has patient used alcohol or drugs to excess?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:				
Has patient had a serious physical illness or injury recently?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:				
Does patient have a physical disability or disease?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:				

IF MORE SPACE IS NEEDED FOR ANY ITEM, USE REVERSE SIDE

Signature of Person Completing Form

Date

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH SERVICES
Kentucky Correctional Psychiatric Center
P. O. Box 67
LaGrange, Kentucky 40031
DISCHARGE REFERRAL FORM

Attachment VI
CPP 18.11

NAME: _____ INSTITUTIONAL NUMBER: _____

ADMISSION DATE: _____ DISCHARGE DATE: _____

RECEIVED FROM _____ (CORRECTIONAL FACILITY)

DISCHARGED FROM: ACUTE TREATMENT UNIT _____ BEHAVIORAL UNIT _____

PHYSCHIATRIC AND MEDICAL INFORMATION:

1. List Medications: _____

2. Discharge Diagnosis: Axis I: _____
Axis II: _____
Axis III: _____
Axis IV: _____
Axis V: _____

3. Medical and Mental Status: _____

4. Violent or acting out behaviors while at KPC: (Describe): _____

5. Were any special security precautions, seclusion, restraints, etc., used with this patient while at KCPC? If yes, please describe: _____

6. Additional comments or recommendations: _____

Doctor's Signature: _____ Date: _____

SEE PAGE TWO FOR SOCIAL SERVICE INFORMATION.

Social Information – Course of Hospitalization: _____

Recommended institutional placement and reason for recommendation: _____

Vocational – Aftercare recommendations: _____

Additional comments or recommendations: _____

Social Worker's Signature: _____

Date: _____

Corrections Psychiatric Treatment Unit Discharge Summary

Name: _____

Number: _____

Admission Date: _____

Discharge Date: _____

Diagnosis

Psychiatric Medications

Axis I: _____

Axis II: _____

Axis III: _____

Treatment Course: _____

Discharge Planning: _____

Other: _____

Psychiatrist Date

Psychologist Date

Nurse Date

ORS Date